

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. **12648**
Registrar's No. **139**

FILED APR 24 1947

Registration District No. **77**

Primary Registration District No. **3008**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County 6 allaway

(b) City or town Fellows
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital 101. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 11 months
(Specify whether years, months or days)

In this community same

3. (a) PRINT FULL NAME MARY BELL HALL.

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex F **5. Color or race** W

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife D.K. **6. (c) Age of husband or wife if alive** D.K. years

7. Birth date of deceased. D.K.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>			hr. _____ min. _____

9. Birthplace Mo 3 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

MOTHER FATHER

11. Industry or business

12. Name D.K. 9

13. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

14. Maiden name D.K.

15. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Wilton Mo.

17. (a) Removal Removal **(b) Date thereof** 4-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo

18. (a) Signature of funeral director Halleys Funeral Home

(b) Address 77 6th St. Fulton, Missouri

19. (a) 4-12-1947 **(b) J. J. Morse**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Riverview Garden 1
(If outside city or town limits, write "RURAL")

(d) Street No. 417 Coburg 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11
year 1947 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 4-5-47 19. to 4-11-47 19. ;
that I last saw h. ER alive on 4-11-47 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death. Bronchopneumonia.

Due to _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: _____
Of operations 107

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ **(Specify type of place)**

(e) Means of injury 0

Signature R. P. Price **(M. D. or other)** M.D.

Address Fulton Mo. **Date signed** 11-47
by H. V. Vezzo.

Date Filed 4-23-47
District File Number.....
District Health Officer No. 9,
RECEIVED
JUN 11 1947
JUN 9 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed... Denzil C. Browning
Licensed Embalmer No. 2724
P. O. Address Fulton mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.